



SPRINGFIELD POLICE DEPARTMENT

FAILURE TO RETURN LEASED OR RENTED MOTOR VEHICLE



**A RENTAL CAR MUST BE 72 HOURS OVERDUE BEFORE THIS REPORT CAN BE FILED WITH
THE SPRINGFIELD POLICE DEPARTMENT**

Complete the following information as completely and accurately as possible. The requested information is needed for any future presentation of a case to the Greene County Prosecutor's Office. Inaccurate or missing information may lead to investigative delays.

Attach photocopies of the following documents to this report:

1. Lease or rental application
2. Signed contract or agreement
3. Payment history (including last payment made on account)
4. Suspects drivers license

Retain all business documents for future reference or any court proceedings

Submit this report and supporting documents to either Springfield Police Department location:

321 E Chestnut Expressway, Springfield MO 65802

2620 W. Battlefield Rd., Springfield MO 65807

or by Mail to:

**321 E Chestnut Expressway, Springfield MO 65802
Attention: Property Crimes Supervisor**

If you have any questions call:

(417) 864-1755 Monday-Friday 8:00 am - 5:00 pm

(417) 864-1810 after 5:00 pm or on weekends

Victim Information Please Type or Print

Name of Business:		
Mailing Address:	Phone:	
City:	State:	Zip:

Address of Location Where Vehicle Rented:		Phone:
City:	State:	Zip:

Name of Person Reporting Incident:		Title or Position:
Home Address:		Home Phone:
City:	State:	Zip:

Witness Information

Name of Employee Who Rented the Vehicle:		Title or Position:	
Home Address:		Home Phone:	
City:	State:	Zip:	
Who Can Identify The Suspect?			
Additional Witness Information:			
Date Last Payment Made:		Date Payment of Vehicle Due:	

Vehicle Information

Make:	Model:	Year:	
Color:	Style:	License Plate:	State:
VIN: <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			
Additional Vehicle Information:			

Suspect Information

Name: (Last, First, Middle)		Social Security Number:				
Home Address:		Home Phone:				
City:	State:	Zip:				
Driver's License Number:		State:	Date of Birth:			
Sex:	Race:	Height:	Weight:	Eye Color:	Hair Color:	Length:
Additional Suspect Information:						

SPRINGFIELD POLICE DEPARTMENT USE ONLY

Date Report Received:	Time Received:	Copy to MULES:
Report Received By:		DSN: